

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2006

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form  
Department of the Treasury  
Internal Revenue Service

**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>WWP, INC.</b>		<b>D</b> Employer identification number <b>20-2370934</b>
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
		<b>7020 AC SKINNER PARKWAY</b>		<b>100</b>
City or town, state or country, and ZIP + 4		<b>JACKSONVILLE, FL 32256</b>		<b>E</b> Telephone number <b>904-296-7350</b>
<input type="checkbox"/> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **N/A**

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: **WWW.WOUNDEDWARRIORPROJECT.ORG**

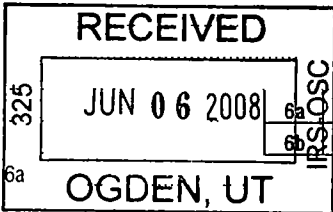
**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **18,740,495.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	18,480,909.
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ 11,518,027. noncash \$ 6,962,882.)	1e	18,480,909.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	137,625.
	5	Dividends and interest from securities	5	326.
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	121,635.	
b	Less: direct expenses other than fundraising expenses	9b	105,782.	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	15,853.	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	18,634,713.	
Expenses	13	Program services (from line 44, column (B))	13	12,253,380.
	14	Management and general (from line 44, column (C))	14	1,290,794.
	15	Fundraising (from line 44, column (D))	15	2,061,000.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	15,605,174.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,029,539.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,011,555.
	20	Other changes in net assets or fund balances (attach explanation)	20	11,061.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	6,052,155.



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) <b>STATEMENT 4</b>	23 606,734.	606,734.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 529,233.	296,372.	127,900.	104,961.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 1,372,839.	760,392.	335,175.	277,272.
27 Pension plan contributions not included on lines 25a, b, and c	27 12,223.	6,845.	3,178.	2,200.
28 Employee benefits not included on lines 25a - 27	28 126,904.	71,066.	32,995.	22,843.
29 Payroll taxes	29 238,517.	132,635.	60,408.	45,474.
30 Professional fundraising fees <b>STMT 12</b>	30 1,332,970.			1,332,970.
31 Accounting fees	31 127,255.		127,255.	
32 Legal fees	32 54,940.	19,825.	35,115.	
33 Supplies	33			
34 Telephone	34 131,344.	120,283.	6,014.	5,047.
35 Postage and shipping	35 99,858.	99,467.	189.	202.
36 Occupancy	36 121,309.	40,277.	44,029.	37,003.
37 Equipment rental and maintenance	37 8,508.	7,673.	460.	375.
38 Printing and publications	38 152,620.	144,403.	3,585.	4,632.
39 Travel	39 1,221,849.	1,116,005.	55,245.	50,599.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 96,843.	32,927.	31,958.	31,958.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 3</b>	43g 9,371,228.	8,798,476.	427,288.	145,464.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 15,605,174.	12,253,380.	1,290,794.	2,061,000.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,221,617. ; (ii) the amount allocated to Program services \$ 688,701. ;

(iii) the amount allocated to Management and general \$ 199,946. ; and (iv) the amount allocated to Fundraising \$ 1,332,970.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 5

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a PROVIDE VITAL PROGRAMS AND SERVICES TO HELP WOUNDED OR DISABLED VETERANS DURING THEIR REHABILITATION AND, LATER, READJUSTMENT TO CIVILIAN LIFE.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

12,253,380.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

12,253,380.

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	2,759,951.	45	5,461,708.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts		47c	
	48 a	Pledges receivable	377,858.		
		b Less: allowance for doubtful accounts		48c	377,858.
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	124,897.	52	132,524.
	53	Prepaid expenses and deferred charges	84,775.	53	17,592.
	54 a	Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,735.	54a	76,135.
		b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment basis				
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment, basis	637,701.			
	b Less: accumulated depreciation STMT 6	105,561.	57c	532,140.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7 )	65,232.	58	164,653.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,233,328.	59	6,762,610.	
Liabilities	60	Accounts payable and accrued expenses	221,773.	60	710,455.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	221,773.	66	710,455.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,872,374.	67	5,674,297.
	68	Temporarily restricted	139,181.	68	377,858.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,011,555.	73	6,052,155.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,233,328.	74	6,762,610.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	19,269,889.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	11,061.	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	518,333.	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 529,394.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 18,740,495.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) <b>SPECIAL EVENT - GALA DINNER EXPENSE</b>	<b>d2</b>	-105,782.	
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> -105,782.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b> 18,634,713.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	16,229,289.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	518,333.	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) <b>SPECIAL EVENT - GALA DINNER EXPENSE</b>	<b>b4</b>	105,782.	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 624,115.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 15,605,174.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b> 15,605,174.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- <b>SEE STATEMENT 9</b> -----		485,000.	44,233.	0.
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ 13</span>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float: right;">▶ N/A</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) <span style="float: right;">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 518,333.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed SEE STATEMENT 10
b Number of employees employed in the pay period that includes March 12, 2006 90b 22
91 a The books are in care of OFFICERS Telephone no. 904-296-7350
Located at 7020 A.C. SKINNER PARKWAY, JACKSONVILLE, FL ZIP + 4 32256
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A 91b X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	137,625.	
96 Dividends and interest from securities			14	326.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	15,853.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		153,804.	0.
105 Total (add line 104, columns (B), (D), and (E))					153,804.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Signature and name of officer: John A. Mejia, Executive Director. Date: 5/14/08. Preparer's signature and firm information: FRANK & COMPANY, P.C., 1360 BEVERLY ROAD, SUITE 300, MCLEAN, VA 22101. Phone: 703-821-0702.

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization **WWP, INC.** Employer identification number **20 2370934**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEREMY CHWAT 530 PARK PLACE, CEDARHURST, NY 11516	EXEC VP OF PRGM SRVS 40.00	105,000.	13,824.	
LONNIE MOORE 1400 EAST-WEST HIGHWAY, APT 623, SILV	WESTERN AREA DIR. 40.00	95,000.	5,460.	
JOHN ROBERTS 1414 26TH AVENUE NORTH, TEXAS CITY, T	NAT'L SERVICE DIR 40.00	105,000.	175.	
JEFFREY SEARCY 272 SILVER GLEN AVE, ST. AUGUSTINE, F	EXEC VP OF DEVELPMNT 40.00	105,000.	13,318.	
BRUCE NITSCHKE 5928 TARPON GARDENS CIRCLE #202, CAPE	EXEC VP-SPECIAL PROJ 40.00	105,000.	3,767.	
Total number of other employees paid over \$50,000	▶ 11			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MERIDIAN GROUP 575 LYNHAVEN PARKWAY, 3RD FLOOR, VIRGINIA BEACH,	PUBLIC RELATIONS	384,189.
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210, BOWIE, MD 20715	DIRECT MAIL SERVICES	291,315.
FRANK & COMPANY 1360 BEVERLY RD. SUITE 300, MCLEAN, VA 22101	ACCOUNTING & AUDIT SERVICES	128,409.
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DISABLED SPORTS USA 451 HUNGERFORD DRIVE, SUITE 100, ROCKVILLE, MD 20	INSTRUCTION	258,000.
VIRTUS PROJECT INC. 2100 FOX TRAIL COURT, ST. AUGUSTINE, FL 32092	LEASEHOLD IMPROVEMENTS	232,346.
WORLD PREP 2620-T CENTENNIAL ROAD, TOLEDO, OH 43617	FILL & SHIP BACKPACKS	114,660.
PUBLIC INTEREST 902 COLORADO AVENUE, SANTA MONICA, CA 90401	WEBSITE REDEVELOPMENT	80,000.
BRIGHT LIGHT AGENCY 5 LORRAINE PLACE, SCARSDALE, NY 10583	PSA DISTRIBUTION & TRACKING	71,460.
Total number of other contractors receiving over \$50,000 for other services	▶ 4	

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 11</b>	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? <b>N/A</b>	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ►	<b>N/A</b>	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	<b>N/A</b>	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	<b>0.</b>	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	<b>0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ►					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,052,158.	239,285.			10,291,443.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	37,176.				37,176.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	10,089,334.	239,285.	0.	0.	10,328,619.
<b>24</b> Line 23 minus line 17	10,089,334.	239,285.			10,328,619.
<b>25</b> Enter 1% of line 23	100,893.	2,393.			
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 206,572.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 10,328,619.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>37,176.</u> 19 _____ 22 _____ 26b _____					<b>26d</b> 37,176.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 10,291,443.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.6401%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>					
	(2005)	(2004)	(2003)	(2002)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
	(2005)	(2004)	(2003)	(2002)	
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>27f</b> N/A					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	





Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE FURNITURE	070105SL		7.00	16	15,379.			15,379.	2,445.		1,922.
2	COMPUTER	072705SL		5.00	16	2,502.			2,502.	373.		313.
3	TELEPHONES - CELLULAR	070605SL		7.00	16	1,150.			1,150.	182.		144.
4	FURNITURE	112205SL		3.00	16	555.			555.	58.		69.
5	COMPUTER	100305SL		3.00	16	1,018.			1,018.	340.		339.
6	COMPUTER MONITOR	102105SL		3.00	16	252.			252.	77.		84.
7	COMPUTER	102205SL		3.00	16	803.			803.	246.		268.
8	COMPUTER	113005SL		3.00	16	1,880.			1,880.	522.		627.
9	COMPUTER	113005SL		3.00	16	1,312.			1,312.	365.		437.
10	PRINTER	121905SL		3.00	16	301.			301.	76.		100.
11	APPLE COMPUTER	121905SL		3.00	16	2,094.			2,094.	523.		698.
12	EXTERNAL HARDDRIVE	121905SL		3.00	16	419.			419.	104.		140.
13	COMPUTER MONITOR	121905SL		3.00	16	322.			322.	81.		107.
14	APPLE IPOD	121905SL		3.00	16	204.			204.	51.		68.
15	EPSON POWERLITE	121905SL		3.00	16	840.			840.	210.		280.
16	APPLE IPOD SHUFFLE	121905SL		3.00	16	172.			172.	43.		57.
17	COMPUTER	121905SL		3.00	16	917.			917.	229.		306.
18	ACER MONITOR	121905SL		3.00	16	262.			262.	66.		87.

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 FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	HP OFFICEJET PRINTER	121905SL		3.00	16	210.			210.	53.		70.
20	LCD PROJECTOR EPSON	121905SL		3.00	16	829.			829.	207.		276.
21	NEXTEL PHONES-CELLULAR	013106SL		3.00	16	4,655.			4,655.	1,035.		1,552.
22	COMPUTER	101105SL		3.00	16	1,138.			1,138.	379.		379.
23	COMPUTER	050306SL		3.00	16	3,559.			3,559.	396.		1,186.
24	LAPTOP COMPUTER	051506SL		3.00	16	1,693.			1,693.	188.		564.
25	GATEWAY COMPUTER	063006SL		3.00	16	1,660.			1,660.	138.		553.
26	HP OFFICEJET PRINTER	063006SL		3.00	16	225.			225.	18.		75.
27	SOFTWARE-AFTEREFFECTS	063006SL		3.00	16	928.			928.	77.		309.
28	FURNITURE	061306SL		3.00	16	275.			275.	30.		92.
29	SOFTWARE-NORTON ANTIVIRUS	062206SL		3.00	16	109.			109.	36.		36.
30	DESK	091406SL		7.00	16	300.			300.	3.		37.
31	DESK	091406SL		7.00	16	300.			300.	3.		37.
32	DESK	091406SL		7.00	16	300.			300.	3.		38.
33	DESK	091406SL		7.00	16	300.			300.	3.		38.
34	SAFE	091406SL		7.00	16	500.			500.	5.		63.
35	CABINETS	091406SL		7.00	16	200.			200.	2.		25.
36	COMPUTER	080106SL		3.00	16	1,150.			1,150.	64.		383.

628102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	COMPUTER	080106SL		3.00	16	1,562.			1,562.	87.		521.
38	MAIL SORTERS	020607SL		8.00	16	4,696.			4,696.			391.
39	FILE CABINETS (4)	020607SL		8.00	16	3,231.			3,231.			269.
40	FILE CABINETS (3)	022707SL		8.00	16	2,634.			2,634.			192.
41	PHONES (4 + 1 CONFERENCE)	030507SL		8.00	16	1,000.			1,000.			73.
42	NY OFFICE FURNITURE	042307SL		8.00	16	2,300.			2,300.			120.
43	2 DRAWER LATERAL FILE (2)	052307SL		8.00	16	1,149.			1,149.			48.
44	FURNITURE	062107SL		8.00	16	3,700.			3,700.			116.
45	CABINETS	063007SL		8.00	16	1,169.			1,169.			37.
46	CUBICLES	073107SL		8.00	16	24,560.			24,560.			512.
47	METAL SHELVES	102306SL		8.00	16	4,261.			4,261.			488.
48	OFFICE FURNITURE	072507SL		8.00	16	16,011.			16,011.			334.
49	LAPTOP (A. ROBERT'S)	113006SL		3.00	16	1,739.			1,739.			483.
50	COMPUTER	112206SL		3.00	16	1,332.			1,332.			370.
51	COMPUTER	101006SL		3.00	16	1,569.			1,569.			523.
52	LAPTOP (MEREDITH BECK)	092607SL		3.00	16	1,340.			1,340.			0.
53	LAPTOP DOCKING STATION	012207SL		3.00	16	274.			274.			61.
54	LAPTOP (1), DESKTOPS (3), SOFTWARE	030807SL		3.00	16	5,467.			5,467.			1,063.

625102  
07-26-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT  
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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	ACT SOFTWARE & INSTALLATION	033107SL	SL	3.00	16	1,926.			1,926.			321.
56	DELL DESKTOP DESKTOP W/INVENTORY SOFTWARE	033107SL	SL	3.00	16	1,064.			1,064.			177.
57	DELL DESKTOP & LAPTOP	033107SL	SL	3.00	16	2,001.			2,001.			333.
58	DELL DESKTOP & MONITOR LAPTOPS (ROBERTS, GROTON)	033107SL	SL	3.00	16	2,894.			2,894.			482.
59	DELL DESKTOP & MONITOR LAPTOPS (ROBERTS, GROTON)	042307SL	SL	3.00	16	1,445.			1,445.			201.
60	COMPUTERS (5), MEMORY, SERVER	043007SL	SL	3.00	16	5,575.			5,575.			774.
61	SERVER	053107SL	SL	3.00	16	13,073.			13,073.			1,453.
62	COMPUTER (ABBY)	063007SL	SL	3.00	16	2,995.			2,995.			250.
63	LAPTOP (JIM MAYER)	063007SL	SL	3.00	16	2,485.			2,485.			207.
64	LAPTOP (TONY NTELLAS)	063007SL	SL	3.00	16	1,922.			1,922.			160.
65	DELL LAPTOP	093007SL	SL	3.00	16	1,677.			1,677.			0.
66	LAPTOP (AYERS, MELIA) MICROSOFT OFFICE 03	093007SL	SL	3.00	16	7,992.			7,992.			0.
67	GIK	093007SL	SL	3.00	16	3,000.			3,000.			0.
68	LEASE IMPROVEMENTS	010307SL	SL	2.75	16	66,161.			66,161.			18,044.
69	LEASE IMPROVEMENTS SACRIFICE CENTER BUILD	012207SL	SL	2.67	16	21,655.			21,655.			5,407.
70	OUT OFFICE	050407SL	SL	2.50	16	75,000.			75,000.			12,500.
71	REMODELING/SACRIFICE CENTER	063007SL	SL	2.33	16	69,530.			69,530.			7,460.
72	VAN	020607SL	SL	7.00	16	22,092.			22,092.			2,104.

825102 07-28-06 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2006 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	VAN - REMAINING PAY OFF OF VAN	010907SL	SL	7.00	16	1,045.			1,045.			112.
74	DODGE SPRINTER VAN	052407SL	SL	7.00	16	40,987.			40,987.			1,952.
75	DODGE SPRINTER WHEELCHAIR LIFT	060507SL	SL	7.00	16	3,350.			3,350.			160.
76	1993 DONATED VAN (FULLY DEPRECIATED AS	071007SL	SL	7.00	16	6,000.			6,000.			0.
77	WEBSITE REDEVELOPMENT	122206SL	SL	3.00	16	80,000.			80,000.			20,000.
78	WEBSITE REDEVELOPMENT	011807SL	SL	3.00	16	14,400.			14,400.			3,200.
79	WEBSITE	052407SL	SL	3.00	16	5,000.			5,000.			556.
80	WEBSITE REDEVELOPMENT	063007SL	SL	3.00	16	10,225.			10,225.			852.
81	DOMAIN NAME	071307SL	SL	3.00	16	5,000.			5,000.			417.
82	WEBSITE	072007SL	SL	3.00	16	2,000.			2,000.			111.
83	DOMAIN NAME	072407SL	SL	3.00	16	40,000.			40,000.			2,222.
84	WEBSITE DESIGN	072007SL	SL	3.00	16	500.			500.			28.
	* TOTAL 990 PAGE 2 DEPR					637,701.		0.	637,701.	8,718.	0.	96,843.

928102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA DINNER	121,635.		121,635.	105,782.	15,853.
TO FM 990, PART I, LINE 9	121,635.		121,635.	105,782.	15,853.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	11,061.
TOTAL TO FORM 990, PART I, LINE 20	11,061.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	163,801.	113,573.	24,961.	25,267.
CONTRACT SERVICES	11,965.	11,965.		
BOOKS & SUBSCRIPTIONS	14,917.	14,742.	125.	50.
PATIENT & FAMILY SUPPORT	4,911.		4,911.	
OFFICE SUPPLIES	60,009.	19,539.	23,601.	16,869.
MEMBERSHIPS AND DUES	320.	320.		
INSURANCE	17,796.	17,202.	297.	297.
TAXES & LICENSES	16,600.			16,600.
BANK SERVICE CHARGES	2,082.		2,082.	
PUBLIC AWARENESS	7,410,450.	7,391,602.	6,594.	12,254.
REPAIRS AND MAINTENANCE	4,413.	4,350.	63.	
AUDIO VIDEO PRODUCTION	54,850.	54,850.		
OTHER	90,987.	15,379.	1,481.	74,127.
ADAPTIVE SPORTS	466,253.	466,253.		
CAGING	163,227.		163,227.	
DIRECT MAIL	888,647.	688,701.	199,946.	
TOTAL TO FM 990, LN 43	9,371,228.	8,798,476.	427,288.	145,464.

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FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	4
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DESCRIPTION	AMOUNT
BACKPACKS & MATERIALS, PERSONAL CARE ITEMS, TELEPHONE CARDS & CD PLAYER	275,388.
TRANSPORTATION AND LODGING FOR RELATIVES VISITING SOLDIERS IN HOSPITAL	331,346.
TOTAL TO FORM 990, PART II, LINE 23	606,734.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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## EXPLANATION

TO EDUCATE THE PUBLIC AND PROVIDE ASSISTANCE TO WOUNDED OR DISABLED  
VETERANS

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	15,379.	4,367.	11,012.
COMPUTER	2,502.	686.	1,816.
TELEPHONES - CELLULAR	1,150.	326.	824.
FURNITURE	555.	127.	428.
COMPUTER	1,018.	679.	339.
COMPUTER MONITOR	252.	161.	91.
COMPUTER	803.	514.	289.
COMPUTER	1,880.	1,149.	731.
COMPUTER	1,312.	802.	510.
PRINTER	301.	176.	125.
APPLE COMPUTER	2,094.	1,221.	873.
EXTERNAL HARDRIVE	419.	244.	175.
COMPUTER MONITOR	322.	188.	134.
APPLE IPOD	204.	119.	85.
EPSON POWERLITE	840.	490.	350.
APPLE IPOD SHUFFLE	172.	100.	72.
COMPUTER	917.	535.	382.
ACER MONITOR	262.	153.	109.
HP OFFICEJET PRINTER	210.	123.	87.
LCD PROJECTOR EPSON	829.	483.	346.
NEXTEL PHONES-CELLULAR	4,655.	2,587.	2,068.
COMPUTER	1,138.	758.	380.

COMPUTER.	3,559.	1,582.	1,977.
LAPTOP COMPUTER	1,693.	752.	941.
GATEWAY COMPUTER	1,660.	691.	969.
HP OFFICEJET PRINTER	225.	93.	132.
SOFTWARE-AFTEREFFECTS	928.	386.	542.
FURNITURE	275.	122.	153.
SOFTWARE-NORTON ANTIVIRUS	109.	72.	37.
DESK	300.	40.	260.
DESK	300.	40.	260.
DESK	300.	41.	259.
DESK	300.	41.	259.
SAFE	500.	68.	432.
CABINETS	200.	27.	173.
COMPUTER	1,150.	447.	703.
COMPUTER	1,562.	608.	954.
MAIL SORTERS	4,696.	391.	4,305.
FILE CABINETS (4)	3,231.	269.	2,962.
FILE CABINETS (3)	2,634.	192.	2,442.
PHONES (4 + 1 CONFERENCE)	1,000.	73.	927.
NY OFFICE FURNITURE	2,300.	120.	2,180.
2 DRAWER LATERAL FILE (2)	1,149.	48.	1,101.
FURNITURE	3,700.	116.	3,584.
CABINETS	1,169.	37.	1,132.
CUBICLES	24,560.	512.	24,048.
METAL SHELVES	4,261.	488.	3,773.
OFFICE FURNITURE	16,011.	334.	15,677.
LAPTOP (A. ROBERT'S)	1,739.	483.	1,256.
COMPUTER	1,332.	370.	962.
COMPUTER	1,569.	523.	1,046.
LAPTOP (MEREDITH BECK)	1,340.	0.	1,340.
LAPTOP DOCKING STATION	274.	61.	213.
LAPTOP (1), DESKTOPS (3), SOFTWARE	5,467.	1,063.	4,404.
ACT SOFTWARE & INSTALLATION	1,926.	321.	1,605.
DELL DESKTOP	1,064.	177.	887.
DESKTOP W/INVENTORY SOFTWARE	2,001.	333.	1,668.
DELL DESKTOP & LAPTOP	2,894.	482.	2,412.
DELL DESKTOP & MONITOR	1,445.	201.	1,244.
LAPTOPS (ROBERTS, GROTON)	5,575.	774.	4,801.
COMPUTERS (5), MEMORY, SERVER	13,073.	1,453.	11,620.
COMPUTER (ABBY)	2,995.	250.	2,745.
LAPTOP (JIM MAYER)	2,485.	207.	2,278.
LAPTOP (TONY NTELLAS)	1,922.	160.	1,762.
DELL LAPTOP	1,677.	0.	1,677.
LAPTOP (AYERS, MELIA)	7,992.	0.	7,992.
MICROSOFT OFFICE 03 GIK	3,000.	0.	3,000.
LEASE IMPROVEMENTS	66,161.	18,044.	48,117.
LEASE IMPROVEMENTS	21,655.	5,407.	16,248.
SACRIFICE CENTER BUILD OUT	75,000.	12,500.	62,500.
OFFICE REMODELING/SACRIFICE CENTER	69,530.	7,460.	62,070.
VAN	22,092.	2,104.	19,988.
VAN - REMAINING PAY OFF OF VAN	1,045.	112.	933.

DODGE SPRINTER VAN	40,987.	1,952.	39,035.
DODGE SPRINTER WHEELCHAIR LIFT	3,350.	160.	3,190.
1993 DONATED VAN (FULLY DEPRECIATED AS OF GIFT DATE)	6,000.	0.	6,000.
WEBSITE REDEVELOPMENT	80,000.	20,000.	60,000.
WEBSITE REDEVELOPMENT	14,400.	3,200.	11,200.
WEBSITE	5,000.	556.	4,444.
WEBSITE REDEVELOPMENT	10,225.	852.	9,373.
DOMAIN NAME	5,000.	417.	4,583.
WEBSITE	2,000.	111.	1,889.
DOMAIN NAME	40,000.	2,222.	37,778.
WEBSITE DESIGN	500.	28.	472.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>637,701.</b>	<b>105,561.</b>	<b>532,140.</b>

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
PREPAID POSTAGE	153,003.
DEPOSITS	11,650.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>164,653.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV	76,135.			76,135.
<b>TO FORM 990, LINE 54A, COL B</b>		<b>76,135.</b>			<b>76,135.</b>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RON DRACH 7600 RIVER FALLS DR. POTOMAC, MD 20854	PRESIDENT OF THE BOD 5.00	0.	0.	0.
ALBION GIORDANO 3 MELODY LN. WARWICK, NY 10990	DEPUTY EXECUTIVE DIRECTOR, 40.00	130,000.	12,855.	0.
JOHN LOOSEN 34 SOMERSET PLACE MATAWAN, NY 07747	DIRECTOR 5.00	0.	0.	0.
JOHN MELIA 711 5TH STREET, NE, SUITE A ROANOKE, VA 24016	EXECUTIVE DIRECTOR 40.00	160,000.	12,855.	0.
DAN MCKIVERGAN 13 WEST HOWELL ALEXANDRIA, VA 22301	DIRECTOR 5.00	0.	0.	0.
MELISSA STOCKWELL 555 WEST CORNELIA AVE. APT 711 CHICAGO, IL 60657	TREASURER/SECRETARY OF THE BOD 5.00	0.	0.	0.
ANTHONY PRINCIPI 8327 DIAMOND BACK COVE ROAD EASTON, MD 21601	DIRECTOR 5.00	0.	0.	0.
CINDY MCDONALD 12364 MORELLO COURT JACKSONVILLE, FL 32220	CONTROLLER 40.00	65,000.	10,386.	0.
CHARLES BATTAGLIA 4521 FAIRWAY DOWNS COURT ALEXANDRIA, VA 22312	DIRECTOR 5.00	0.	0.	0.
RYAN KELLY 220 WILDCAT DRAW BUDA, TX 78610	DIRECTOR 5.00	0.	0.	0.
DAWN HALFAKER 1701 KALORAMA RD NW #211 WASHINGTON, DC 20009	VICE PRESIDENT OF THE BOD 5.00	0.	0.	0.

GUY. H. MCMICHAEL III 2205 CALIFORNIA ST. NW WASHINGTON, DC 20008	DIRECTOR 5.00	0.	0.	0.
CHARLES S. ABELL 5353 BRANDON RIDGE WAY FAIRFAX, VA 22032	DIRECTOR 5.00	0.	0.	0.
KEVIN DELANEY 4551 SWILCAN BRIDGE LANE N. JACKSONVILLE, FL 32224	DIRECTOR 5.00	0.	0.	0.
STEVEN NARDIZZI 7020 A.C. SKINNER PARKWAY SUITE 100 JACKSONVILLE, FL 32256	DEPUTY EXECUTIVE DIRECTOR, OPERATION 40.00	130,000.	8,137.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		485,000.	44,233.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 10  
PART VI, LINE 90

STATES

FL, AL, AK, AR, AZ, CA, CO, CT, DC, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, ND, NH, NJ, NM, NY, NC  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 11

ORGANIZATION REIMBURSES DIRECTORS AND OFFICERS FOR OUT OF POCKET EXPENSES. SEE PART V-A, FORM 990 FOR COMPENSATION OF OFFICERS.

PART TIME - THE EXECUTIVE DIRECTOR'S SPOUSE WORKED PART TIME FOR THE ORGANIZATION AND WAS PAID \$2,245.

FORM 990

STATEMENT OF FUNCTIONAL EXPENSES

STATEMENT 12

PROFESSIONAL FUNDRAISING FEESTOTAL

CONSULTING FEES/ PROF. FUNDRAISING FEES	174,789
POSTAGE	522,358
PRINTING	263,701
ENVELOPES/STATIONARY	111,546
DATA FILE MAINTENANCE	25,036
PROCESSING	117,310
PROMO ITEMS	69,201
NAME LISTS	49,029

TOTAL TO FORM 990, PART II, LINE 30

1,332,970

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>WWP, INC.</b>	Employer identification number <b>20-2370934</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>7020 AC SKINNER PARKWAY, NO. 100</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>JACKSONVILLE, FL 32256</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **OFFICERS**  
Telephone No **904-296-7350** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **AUGUST 15, 2008**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ORGANIZATION IS AWAITING COMPLETION OF THE FINANCIAL STATEMENT AUDIT TO ENSURE A COMPLETE AND ACCURATE FILING.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Barbara Lyson** Title **CPA** Date **4/21/08**

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	<b>Name</b> <b>FRANK &amp; COMPANY, P.C.</b>
	<b>Number and street (include suite, room, or apt. no.) or a P.O. box number</b> <b>1360 BEVERLY ROAD, SUITE 300</b>
	<b>City or town, province or state, and country (including postal or ZIP code)</b> <b>MCLEAN, VA 22101</b>